



APPLICATION FOR MEMBERSHIP

APPLICANT'S NAME _____ SPOUSE _____

ADDRESS _____ City _____ Zip _____ PHONE _____

DATE OF BIRTH _____ SPOUSE'S DATE OF BIRTH _____

E-MAIL _____

CHILDREN

1) _____	AGE _____	Single	Married
2) _____	AGE _____	Single	Married
3) _____	AGE _____	Single	Married
4) _____	AGE _____	Single	Married

OCCUPATION/BUSINESS _____

PREVIOUS CLUB MEMBERSHIP: CLUB NAME _____

Please have the members that sponsored you sign below.

1) _____

Print Signature

2) _____

Print Signature

APPLICANT APPLYING FOR: CLASS A _____ JUNIOR _____ SOCIAL _____ NON RESIDENT _____

Class	Initiation Fee	Monthly Dues	Total Due
CLASS A – AGE 31 & UP	\$0.00	\$173.00	\$173.00
JUNIOR – AGE 18-30	\$0.00	\$129.75	\$129.75
SOCIAL	\$0.00	\$45.00	\$45.00
NON-RESIDENT	\$0.00	\$81.50	\$81.50

Total submitted with application \$ _____ Method of payment _____

I will comply with all the provisions of the bylaws and constitution of the Charleston Country Club and any and all rules established by the board of directors. Applicants signature on this application for membership to the Charleston Country Club indicates that individual's acceptance of the following: members deemed delinquent according to the Charleston Country Club bylaws agree, by their signatures, to pay all collection, filing, attorney and penalty fees plus a 2% per month charge on the unpaid balance due. The undersigned agrees to the terms and condition of this agreement.

SIGNATURE OF APPLICANT _____ DATE _____

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: **CHARLESTON COUNTRY CLUB**

I (we) hereby authorize _____, hereinafter called **CHARLESTON COUNTRY CLUB**, to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Name(s) _____

Date _____ Signature _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Optional Services

- | | | |
|----------------------------------------------|-----|----|
| Are you interested in a driving range pass? | Yes | No |
| Are you interested in a CDGA handicap? | Yes | No |
| Are you interested in a locker? | Yes | No |
| Are you interested in a cart storage space? | Yes | No |
| Are you interested in a guest package? | Yes | No |
| Are you interested in the cart ride program? | Yes | No |
| Are you interested in a trail fee | Yes | No |

Driving Range pass is \$100.00 for the year

CDGA Handicap fee is \$25.00 for the year

Locker fee is \$40.00 for the year

Cart storage space is \$40.00 p/mo. OR \$30.00 p/mo. if you choose to share with another cart owner

Guest package is \$200.00 for the year and allows you to bring 10 different guests to the Club to cover their green fees

Cart Ride is \$25.00 p/mo. & allows you to drive anyone's cart that has given you permission or ride in another member's cart

Trail fee is \$275.00 for the year and allows you to store your own cart off site, and bring it to the Club to use.